UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

SYNAGIS (palivizumab)

Patient name: _____Medicaid or SS#_____

Physician Name:_____ Contact person:_____

Physician NPI:_____

Phone#:_____Ext. and options_____Fax#_____

Pharmacy_____Pharmacy Phone#:_____

Child's gestational age_____Birth date_____Current Wt._____

All information to be legible, complete and correct or form will be returned

FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF MEDICAL NECESSITY

CRITERIA FOR COVERAGE AT PHYSICIAN OFFICE:

▸ Infants of 28 wk gestation or less may receive Synagis prophylactically during the first yr. of life.

▸ Infants 29 to 35 week gestation may receive Synagis prophylactically during the 1st to 6th month of life.

▸ Any child under 24 months may receive Synagis if they have either :

1. Clinical diagnosis of Broncho Pulmonary Dysplasia (BPD, or Chronic Lung Disease (CLD)) requiring ongoing medical treatment **OR**

2. Hemodynamically significant Congenital Heart Disease (CHD) requiring ongoing treatment

CRITERIA FOR COVERAGE THROUGH A PHARMACY:

A prior approval will be issued to a pharmacy based on receipt of documentation that meets criteria as outlined above. In addition to the above criteria the patient must:

1. Be home bound
2. Bill using correct NDC numbers

INFORMATION:

▸ Synagis is not available to any child with active RSV

▸ The Utah Medicaid Synagis season is for a total of a 6 month period beginning with the Primary Children's Medical Center(PCMC) announced onset of the RSV season.

▸ A total of 5 immunization during this 6 month period will be approved except when the patient begins the immunizations late in the season.

▸ A child who has started the series and then turns two may continue to a total of 5 immunizations or to the end of the season, which ever comes first.

▸ No approval will be given to a child of 24 months or older

▸ Physicians who provide vaccine and immunizations in the office should use code 90378 and the appropriate administration code for reimbursement.

8/16/6